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Title

Australian New Graduate experiences during their transition program in a rural / regional acute care setting.

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Abstract

The transition process from student to Registered Nurse has been recognised as an important yet challenging time for newly graduated nurses. Knowledge about this experience from the nurse's perspective, particularly in a rural setting, is limited. This paper reports the findings of a qualitative study of the experiences of newly graduated nurses working in a rural acute care facility in New South Wales. The study examined, from the perspective of the new nurse, the orientation and support which can help to facilitate the transition from student to registered nurse. Four themes emerged which were being supported, being challenged, reflections on being a new graduate, and reflections on a rural new graduate program. These findings contribute to what is known about the transition of new graduates in a rural facility and have implications for program improvements, specifically within the rural acute care environment. The findings are also relevant to students considering rural employment on graduation and for the recruitment and retention of New Graduate Registered Nurses in rural areas.

Key words

New Graduate; orientation; education; transition; recruitment; retention

Introduction

Registered Nurses within Australia are mainly sourced from newly graduated university students who have successfully completed a Bachelor Degree in Nursing (Australian Institute of Health and Welfare 2008). Recruitment and retention of new graduates is, therefore, of considerable importance to the health care system. New graduate nurses need support in the transition from student to registered nurse, so benefit from employment in a health care facility where such support can be gained. This is underpinned by the assumption that clinical experience results in the development of a nursing professional, achieved through actually participating in or experiencing real clinical practice. Even though students experience clinical practice in a supernumerary capacity as part of undergraduate nursing programs clinical practice cannot be experienced from a registered nurse perspective until nursing students become registered nurses. New graduate programs in Australia aim to provide support for new Registered Nurses when they first begin clinical practice. Examining how well new graduate programs actually do support new nurses is relevant to all areas of nursing practice. New graduates in rural areas face distinct challenges compared to metropolitan areas (Bennett, Brown, Barlow & Jones 2010). This paper reports the findings of a study which sought to investigate experiences of the transition of new graduate registered nurses from student to clinical practice in a rural context and the support provided through a new graduate transition program. The literature review included database searches of CINAHL, Embase, Ovid, Medline, Pubmed, and Proquest.

Background

International literature suggests new graduate programs are often used in times of staff shortages as larger numbers of new graduate nurses are being employed to fill vacancies. Graduate programs may not offer the same number of positions when nursing vacancies are

fewer. (Beyea, Von Reyn, & Slattery 2007; Halfer 2007; Santucci 2004). Programs are also aimed at improving new graduate retention rates (Klein 2009; Zinsmeister & Schafer 2009; Duchscher & Myrick 2008; Fink, Krugman, Casey, & Goode 2008; Scott, Keehner, & Swanson 2008; Newhouse, Hoffman, Suflita, & Hairston 2007; Bowles & Candela 2005; Casey, Fink, Krugman, & Popst 2004). New graduate programs aim to assist with the transition to clinical practice because of a perceived theory - practice gap (Hickey 2009; Young, Stuenkel, & Bawel-Brinkley 2008; Halfer 2007; Standing 2007; Ellerton & Gregor 2003), and many programs appear to support transition of new graduates directly into wards or units where they will be permanently employed (Hickey 2009; Klein 2009; Nugent 2008; Young et al. 2008; Wangenstein 2008; Adlam 2007; Halfer 2007; Newhouse, Hoffman, Suflita, & Hairston 2007; Kretschmann & Young 2005; Santucci 2004; Casey et al. 2004; Floyd, Ellerton & Gregor 2003).

Nationally, graduate nurse programs are “the most common means currently utilised in Australia to facilitate the transition from being a student nurse to becoming a professional nurse” (Happell & Gough 2007, p. 127). Similar to overseas literature new graduate programs are used to improve retention and support of new graduates (Kelly & Ahern 2009; Cleary et al. 2009). Most Australian research into transitional support programs or new graduate programs (both these terms are used within the literature) has been based in metropolitan areas (Cleary, Matheson & Happell 2009; Johnstone et al. 2008; Johnstone & Kanitsaki 2008; West, Ahern, Byrnes, & Kwanten 2007; Newton & McKenna 2007; Kelly & Ahern 2007; Johnstone, Chang & Hancock 2003; Goh & Watt 2003).

The literature in Australia reveals few rural based studies investigating new graduate programs. Lea and Cruickshank (2007) explored the role transition of new graduates in

Northern New South Wales, and found that the core component of a successful support program was primarily attitudinal not material support. Sivamalai (2008) examined rural community expectations of new graduates and found that rural community expectations are related to graduates being sympathetic to patient's welfare, having contextual knowledge and interpersonal skills, professionalism, personal attributes and accountability. Sengstock (2008), in a study of nursing students on clinical placement, also found cultural isolation and horizontal violence to be a significant issues. Horizontal violence is a term used to describe interpersonal conflict among nurses (McKenna, Smith, Poole and Cloverdale, 2003). Other Australian rural studies include Nayda and Cheri (2008) who examined the experience of Enrolled Nurses transitioning to Registered Nurses and found senior clinician expectations of new graduates far exceeded their level of expertise; Sengstock (2008) who investigated the concerns of Enrolled Nurses transitioning to the Registered Nurse role; and Fussell, McInerney and Patterson (2009) who studied the experiences of new graduates in aged care, and found new graduates with an interest in aged care had better experiences in this area. Bennett et al. (2010) in an evaluation of a rural 12 month new graduate program found there is an identified need for the introduction of structured programs to support rural new graduate's transition to practice.

International literature suggests programs support new graduates if they include a supportive work environment, positive preceptorship, comprehensive orientation, clarity of role expectations, provision of feedback, reflective culture, mentorship and interactive clinical and classroom strategies (Morrow 2009; Zinsmeister & Schafer 2009; Klein 2009; Fink et al. 2008; Nugent 2008; Wangenstein 2008; Young et al. 2008; Newhouse et al. 2007; Standing 2007; Halfer 2007; Bowles & Candela 2005; Casey et al. 2004; Santucci 2004). The literature also suggests that newly graduated nurses experience role conflict, role stress and

role ambiguity (Young et al. 2008; Fink et al. 2008; Duchscher & Myrick 2008; Sengstock. 2008). Additionally, there seems to be a negative culture within nursing that continues to be oppressive and challenging for the socialisation of transitional nurses, which impacts on retention of new graduates (Duchscher & Myrick 2008; Sengstock 2008; McKenna et al, 2003).

Kramer's classic study from 1974, described reality shock as occurring during the transition from student to clinical practice (Kramer 1974). New graduates working in acute hospital settings are described as constantly expressing "frustration and a sense of demoralisation as a direct result of the dissonance they experience between their perception of nursing and what they find nursing to 'really' be" (Duchscher & Myrick 2008: 194). Several studies also comment on the difficulty experienced by new graduates transitioning from regular academic timetables to shift work including rotating rosters. Though students do experience some shift work during clinical practicum's, they are essentially insulated from the reality of shift work that includes short shifts, nights, split days off and working weekends where time to see family and friends is limited (Halfer & Graf 2006; Casey et al. 2004).

There is conflicting information in the literature regarding the amount of time required for a new graduate program, how long support is required for, when support is needed the most, and how long placements in each area should be. Much of the international literature tends to imply that new graduates are employed directly into permanent positions within units, and there do not necessarily appear to be rotations to various other areas. Programs range from 12 weeks to 12 months (Scott et al. 2008; Nugent 2008; Salt & Cummings 2008; Halfer 2007; Newhouse 2007).

Australian literature suggests programs support new graduates if they include designated teaching staff, being able to ask questions, reflective practice, benevolent surveillance, feedback, debriefing, open communication, participative governance, senior staff guidance, clinical support and learning opportunities (Cleary et al. 2009; Johnstone & Kanitsaki 2008; Chang & Hancock 2003). Australian new graduate nurses also experience role conflict, role stress and role ambiguity. New graduates were found to feel unprepared, had unrealistic expectations and experience frustration and disillusionment when the reality of the work environment does not allow them to live up to their own values (Kelly & Ahern 2009; Sengstock 2008; Newton & McKenna 2007; Kilstoff & Rochester 2004; Goh & Watt 2003; Chang & Hancock 2003). Research identifies issues with nursing culture, the transition from Enrolled Nurse to Registered Nurse, shift work, and the level of accountability and responsibility required as a Registered Nurse (West et al. 2007; Newton & McKenna 2007; Kelly & Ahern 2007; Kilstoff & Rochester 2004; Goh & Watt 2003; Parker, Plank & Hegney 2003). Much of the literature highlights the first six months as the most difficult time of transition with the first three to four months described as being particularly stressful (Johnstone & Kanitsaki 2008; Goh & Watt 2003). Kelly and Ahern (2009) support this by noting that the benefits of rotating wards to increase clinical experience may be outweighed by the potential emotional distress from difficulties adjusting with each rotation change.

Rurally in Australia, Johnstone et al. (2008) identified that informal teachers and the new graduates themselves were often one of the best sources of support. Lea and Cruickshank (2007) describe ward culture, social interactions and health management as important issues for rural new graduates. The provision of a supportive learning environment, including assistance with the transfer of theory to practice and a skill mix that allows new graduates time to adjust to their new role is important for graduate nurses in rural hospitals (Bennett et

al, 2010). New graduates in rural areas are not only under prepared to undertake the Registered Nurse role (shift work, workload responsibilities) but also have the added complication of requiring extensive knowledge and skills due to the requirements of rural clinical practice (Lea & Cruickshank 2007; Gough et al. 2009). In a rural setting, Lea and Cruickshank (2007) identified that the first three months of employment as being the time when new graduates particularly require support.

Method

This study aimed to explore the experiences of new graduates in their transition to the Registered Nurse role in a rural context. Naturalist or interpretive approaches focus on understanding the actions and meanings of individuals, which is founded on an ontological perspective of what exists being dependant on what is perceived to exist...epistemology is based on subjective knowledge which is created by individuals and methodology which requires the investigation of these individual worlds (Wainwright, 1997). The interpretive paradigm lends itself to qualitative research. Ellerton and Gregor (2003) use an interpretive social science approach framed within Benner's (1984) novice to expert theory. In this study, the interpretive paradigm is used as a way of understanding the meanings that new graduate nurses attach to events as they transitioned into the role of Registered Nurses (Grant & Giddings, 2002).

Setting

The study was undertaken in Western NSW at a regional acute care hospital where nurses complete a 12 month new graduation program. The program involved experiences within different wards with rotations lasting around three months, although the time did vary from one month to six months. The program begins with a five day structured orientation involving

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hospital orientation (day one), clinical skills revision, policy and procedure review (days two and three) and a late and early shift supernumerary on the allocated ward. An additional two days supernumerary time was allocated to specialty areas. Rotations included placements in surgical, medical, emergency, critical care, mental health (rehabilitation, and special care), theatre and paediatrics. Some new graduates did experience their first placement in a specialty area. One participant experienced three months at a smaller rural hospital. Support was available from Clinical Nurse Educators who worked Monday-Friday on a morning shift (0800-1630 hours) as well as some afternoon shifts (1230-2100 hours) and weekends.

Participants

Nurses who had completed the new graduate program at a regional base hospital in Central New South Wales between August 2008 and December 2009 were invited to participate in the study. The hospital is located in a regional city which has a population of about 38 000, with the major industries including agricultural, manufacturing, and mining, as well as burgeoning education and retail industries. The health sector is also a vital part of the community. Nine nurses indicated willingness to participate and a convenience sample of five participants were selected randomly from the nine. There were three female and two male participants, two previously AINs (Assistant in Nursing) at this facility, one previously an AIN in a metropolitan facility, two not experienced as either AINs or ENs, two participants were from non-English speaking backgrounds, two participants already lived in the local area and one participant had relocated from a coastal town in NSW. As students three out of five of the participants had experienced practicum placements in a rural facility, two had only ever experienced metropolitan facilities. Participants ranged in age from their early 20's to late 30's, Ethical approval was obtained from both the Greater Western Area Health Service Human Research Ethics Committee and the Charles Sturt University Ethics

Committee. Participant identity was protected by de-identifying transcripts as soon as possible and using pseudonyms as participant names.

Data Collection

Data was obtained using semi structured individual interviews conducted in a quiet, private location away from the ward where the nurse worked, either before or after their shift. Interviews lasted for 45 to 60 minutes and were audio taped for later verbatim transcription. The researcher also took some notes during each interview and the same researcher conducted all interviews. Participants did not receive any remuneration for their involvement in the study.

Data Analysis

Data analysis was conducted utilising qualitative content analysis. Content analysis is appropriate for analysis of qualitative nursing research and may be utilised to include examination of both latent and manifest content analysis. Latent content analysis deals with the underlying meaning of the text, whereas manifest analysis looks at what the text says and describes the visible, obvious, components. The process of analysis involved the development of themes, where a theme can be considered as a thread of underlying meaning; an expression of the latent content of the text (Graneheim & Lundman, 2003). The researcher made a conscious effort to 'bracket' or set aside personal opinions or prejudgments about the information collected (Zinsmeister, 2009). The data from each interview was considered a unit of analysis. This interview data (unit of analysis) was firstly sorted into content areas, where a content area was considered as a part of the text dealing with a specific issue. Interviews were read through several times to obtain a sense of the whole. Like content areas were brought together to create meaning units, which then were condensed and abstracted

(grouped together under higher order headings). These abstracted meaning units were labelled with a code; care being taken to consider the whole context during this process. Manifest content was determined by comparing and sorting the codes into categories, based on their differences and similarities. Reflection and discussion occurred between the researchers around the proposed categories to reach agreement on how to sort the codes. Finally, the latent content or underlying meaning of the categories was formulated into themes (Graneheim & Lundman, 2003).

Findings

Four themes emerged during data analysis. These included being supported, being challenged, reflections on being a new graduate, and reflections on a rural new graduate program. Some aspects of all themes were identified by each participant.

Being supported

Being supported thematically grouped the actual strategies that resulted in participants feeling supported during each clinical rotation. This included being orientated to the facility, supernumerary time on the ward, receiving assistance with time management, policies and procedures, senior staff answering clinical questions, medication administration, learning from other disciplines, debriefs, clinical educators being available, and program flexibility. Participants were supported by senior nursing staff, educators, junior nursing staff, allied health staff, medical staff, clerical staff and each other.

Participants described learning about medication administration and time management from senior nursing staff as being very important in their transition. Time management was learnt

from observing and asking questions, and included how to manage heavy workloads, how to prioritise, and how to improve efficiency. For example, Peter stated that:

“if you watch them you can learn quite a bit about time management, how you basically get everything done in an appropriate time”

Participants reported support from senior nursing staff in learning to understand psychosocial issues of patients, arranging transfers/ discharges, answering patient’s questions, facility specific policy and procedures (both written and unwritten), and quite simply just where to find things.

Clinical Nurse Educators were described as very important supports in the transition process. The participants reported being supported when they were experiencing difficult shifts, assistance with learning new skills, application of theoretical knowledge and general support when it was needed. They were non-judgemental, and approachable with any questions, no matter what the situation. Rebecca described this as

“they were always there to answer your questions, and one day I know [the CNE] stayed a whole shift with me one day in [medical ward], a whole shift, without her I think I would have broke down.”

Being Challenged

This theme described the experiences that challenged participants during their transition. It included learning not to panic, doing things yourself, encountering new things for the first time, the differences between being a student and being responsible as a Registered Nurse (RN), moving theory to practice, gaining confidence, moving to new areas and learning new things, taking up learning opportunities, and the timeframe for integrating knowledge.

Participants described encountering new tasks for the first time as challenging, this occurred more often for those who had not worked previously as Assistants in Nursing. Examples included in some cases quite simple skills such as removal of a drain, because it had not been experienced as a student. Jack stated

“I never worked in a hospital as an AIN ...I think it makes a bit harder to do your transition program ‘cause there would be a lot of things you encounter for the first time”

Participants described needing to push themselves to perform new tasks, needing reassurance with new tasks and found working as a RN very different to watching as a student. University was described as more theoretical, and the transition process was very much application of theory to practice. Participants found the level of responsibility as a RN needed time to be learnt. Sally described this as

“then you get your first patient who is hypertensive and you ARE the RN”

Rotational changes at first were found to be daunting, involving anxiety and stress for a short period after each move, but they also provided new learning opportunities. Angela noted

“after every rotation I was sort of comfortable in there and I didn’t want to move to the next one ... fear of the unknown... I have to start in a new place, meet new people, and everything, but once I was there after three weeks or so I was settled again, and got to like it...”

Rotations were described as getting easier throughout the transitional year. The first change was difficult but the last rotation was not as hard due to having coped already with previous

changes. Settling into the ward routine took around three weeks, and the overall settling into the transition program and idea of being a 'RN' took between three and six months. Peter described

“the first three months are a nightmare...I was basically a headless chook, I didn't quite know what I was doing, but then you know it all kind of clicked it all just gelled...so in those first three months it was really the time where everything that I learnt from those three years previously all kind of gelled and merged and actually worked”

Some rotations were described as really supportive and participants felt like a part of the team, from the first day. In other areas, it took longer for the participant to feel included, and they described feelings of intruding in that clinical area. Rebecca stated

“in [first area] I felt nurtured... and in [second area] from day one I felt part of the team... but when I went to [third area] I felt like an outsider, yeah, for a long time, I felt like I was intruding... it took about three months before I felt a part of the team.”

The responsibility of being the Registered Nurse weighed heavily on the participants, with the fact that they were newly graduated not lessening that feeling of responsibility. Peter stated

“being a new grad doesn't mean that you are not responsible, you are obviously responsible, if you don't know something you don't give it... at the end of the day it is a profession you are a professional so you've got to go and be safe for the patient and safe for yourself at the same time”

Overall, the participants found the transition process to be challenging, but also they described it as being a good learning opportunity, with the chance to apply university learning to clinical practice.

Reflections on being a new graduate

This theme described areas of the new graduate program that could be improved and new graduate's personal experiences. Participants identified that they would have volunteered for more challenging rotations, and wanted the program to have different lengths and sequences of rotations. 'Team nursing' (a change to the model of care where patients were allocated to teams instead of direct nurse to patient allocation) was introduced in some areas of the facility during the time of this study and some new graduates identified issues related to this change. Issues included role ambiguity when working with a more senior RN and lack of delegation/ supervision skills when working with junior staff. Participants would have liked more study days and increased access to nurse educators. They also reflected upon the overwhelming feelings of uncertainty experienced in the initial few months.

Participants described choosing not to attempt some skills due to feelings of fear, anxiety and panic. They initially watched skills being performed by other RNs although they did have the requisite abilities to be able to undertake the skill. Angela described this as:

"I remember when I was asked to do, I think it was my first CVC dressing, I was like oh I don't know anything, so the educator ended up doing it for me, and now that I know that it was a learning process, I should just have gone for it and the educator would just have helped me, helped me out, so I think going back I would be more comfortable, less fearful, not anxious at all, ask a lot of questions and get to do things straight away"

Participants initially did not request rotations to areas such as critical care wards and the emergency department because they were afraid to experience difficult areas. They expressed some regret after the transition program. Angel (who accepted her position in November and commenced her program in February) stated

“I remember my rotations, I picked ICU, emergency, but in December I thought ...and I remember I phoned to say oh please don’t give me those... but if I was to go there again in December I think I would just go for it “

Some of the participants would have liked longer rotations, or rotations in different orders. One participant experienced difficulties with staff expectations on a surgical ward when half way through the program due to initial time in a specialty area (paediatrics) where many of the skills required in the general ward area were not able to be practiced.

Some participants reported disappointment about the availability of clinical educator support in specialty areas. Despite there being educators in those areas, ongoing support from the general educators was missed to a certain extent. Sally stated

“in ICU, but they have their own, educator, but I still thought it would be nice to have a familiar face, come around and see how you were going... “

The opportunity to have a mentor was also provided to all participants during the new graduate program. Overall, having a mentor did not appear to provide very much support. Participants described the mentor support as not working out; either not managing to meet very much with the mentor, or not engaging with the mentor.

Reflections on a rural new graduate program

The final theme highlights the differences and advantages of a rural new graduate program in a large regional facility. Participants described the friendly people, the opportunity to experience variety in nursing practice, the support available, the flexibility in the program, the acceptance of new grads from non-English speaking backgrounds, slower pace, and the opportunities for learning.

Participants found the transition program in a large regional rural facility to be more rewarding than many thought it would be, with opportunities for learning available and friendly staff and patients. The participants described the hospital as being a good place to work, where they were able to get to know many of the people and the level of services provided by the facility was noted as being high enough that learning opportunities existed, but not so big as to be too clinical. The rural transition was described as less stressful and this contrasted with some of the metropolitan experiences described by other new graduates known to Angela;

“so different for my friends... because I think I received tremendous support in a rural hospital... starting from friendly people, even like the patients, they are just kind of different patients, from what my friends are telling me... and the support from the educators, mentoring, and also the fact that it is sort of a small hospital,”

Some participants were concerned prior to commencing the program that there would be fewer opportunities for learning in a rural site. They received advice from friends and family not to go outside the metropolitan area, but by the end of the program they found the rural experience to be very positive. Small rural hospitals offered surprising opportunities as Jack commented:

“[Small rural] hospital, was a great experience actually, I did not really like it much but being there you get to actually see an emergency in a little hospital where the RNs in charge and there is no doctor, and how the knowledge you got in university has to be put out into the real world to make sure that you are practicing safe and make sure that the patient is benefiting from you, so that was a great challenge”

Participants also appreciated rural opportunities for employment following completion of the transition program. Angela noted

“in the big cities most of the guys told me that they didn’t even get any work, they did not even have anyone to go to, anyone to ask, anyone to give them a reference, that kind of thing, so I think that’s better for the rural program, the new graduate program here, if I could do that I would defiantly come back here again”

Two of the participants interviewed were from non-English speaking backgrounds. They described some initial concern that they would be treated in a negative way in a rural area, perceiving that rural areas may be less multicultural than metropolitan locations. Jack reported that this was not the case:

“... when I was going to come into regional Australia...how the people would treat me ‘cause in Sydney with all these non-Australian people, and immigrants, people have grown so used to it ... and I thought well I might be the only immigrant there or something so that was one thing., But no, nothing like that happened, ... we were all the same and it never got mentioned...which was great”

Discussion

This study was conducted to explore the experiences of newly graduated Registered Nurses working in a rural acute care setting in rural NSW. Overall, this study supported previous findings in the literature, and identified specific issues which may affect new graduates in the rural setting. Four themes were identified, including being supported, being challenged, reflections on being a new graduate, and reflections on a rural new graduate program. These themes are consistent with Johnstone et al. (2008) who found that sources of support came from other staff who became informal teachers and Bennett et al (2010) who found that having a supportive learning environment was crucial for new graduate nurses to make the transition to Registered Nurse.

Role ambiguity was identified in the study as an issue, with participants needing time to sort out the level of responsibility as a Registered Nurse. Role ambiguity has also been reported in other studies of nurses transitioning from university student to RN (Lea & Cruickshank 2007; Fussell et al. 2009). Attitudes of staff also have a significant impact upon the transition process (Johnstone et al. 2008) and according to the participants in this study, if staff were supportive, non-judgemental and approachable, participants found the transition process easier. Lea & Cruickshank, (2007) identified needing to have a wide knowledge base in rural nursing to be a complication and challenge of rural practice; however, participants in this study described this as a positive aspect of rural nursing.

Being supported described the actual strategies that assisted participants during each clinical rotation. Orientation and supernumerary time, assistance with time management, and explanations of policies and procedures helped to provide a supportive learning environment, suggested as important by Bennett et al. (2010). Johnstone et al. (2008) described other new graduates and informal teachers as good sources of support, consistent with findings in this

study which highlight senior staff answering clinical questions, medication administration, learning from other disciplines, debriefing each other, and clinical educators being available. Program flexibility was found to be important, which has also been previously reported by Lea and Cruickshank (2007).

Being challenged explained the experiences that challenged participants during their transition and these included learning not to panic, doing things yourself and encountering new things for the first time. This theme is similar to other findings highlighting the importance of culture within the work environment (Johnstone et al 2009) and the need for support (Lea & Cruickshank 2007). The differences between being a student and being responsible as a RN, moving theory to practice, gaining confidence, moving to new areas/ learning new things, and taking up learning opportunities, were also important factors. This difference was identified even for those new graduates who had previous experience as AINs. The time taken to settle in a rural setting was found to be around three months, supporting findings by Lea and Cruickshank (2007).

New graduate reflections identified aspects to improve a new graduate program such as choosing more challenging or frightening rotations, different lengths/ orders of rotations, different models of care, more study days, more educators, and overcoming feelings of uncertainty experienced in the initial few months. Aspects of the program that may assist with retention of new graduates appear to be attitudinal support (for example welcoming new graduates to a ward, providing references towards the end of the program) as much as material support (for example provision of educators and study days). Although previous studies of rural Australian new graduate programs provide little insight into these characteristics of a new graduate program, other studies (Cleary et al. 2009; Johnstone et al.

2008; Johnstone & Kanitsaki 2008; Lea and Cruickshank 2007; Chang & Hancock 2003) have reported similar aspects to improve new graduate programs.

The study identified differences and surprising advantages of a rural new graduate program in a large regional facility. It included the friendly people, the opportunity to experience variety in nursing practice, the support available, the flexibility in the program, the acceptance of new grads from non-English speaking backgrounds, slower pace, and the opportunities for learning including at a smaller site. These findings have not previously been reported in other rural studies. Interestingly, all of the five participants had successfully gained employment in this rural hospital and expressed intentions of continuing a role within this facility. This supports the finding that graduate nursing programs in a rural setting can assist in the transition from student to Registered Nurse. Some participants outlined career pathways they were intending to pursue.

Limitations

The study involved a small number of participants who undertook a new graduate program in one regional acute care facility. Although male and female nurses were interviewed, due to the small number of participants it is not possible to generalise these findings to all new graduate nurses. However, this qualitative research aimed to gain a better understanding of the meaning attributed to new graduate experiences during transition from student to Registered Nurse and the findings will have resonance with both new graduate nurses and those who support them during the period of transition from student to Registered Nurse.

Conclusion

Australian New Graduate experiences during their transition program in a rural/regional acute care setting.

This study provides insight into the experiences of new graduates in the transition process in a rural area, including strategies that both supported and challenged new graduates during this process. Themes identified in the data analysis included being supported, being challenged, reflections on a new grad program and reflections on a rural new graduate program.

This study contributes to what is known about the transition of new graduates in a rural facility and has implications for program improvements, students considering rural employment on graduation and for the recruitment and retention of New Graduate Registered Nurses in rural areas. Surprising advantages were identified in a rural new graduate program and the findings reinforce the utilisation of support programs to aid in the new graduate transition process.

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